

REEVALUATION DETERMINATION PLAN

_____ County Schools

Student's Full Name _____	Date _____
Parent(s)/Guardian(s) _____	DOB _____
Address _____	WVEIS # _____
Triennial Evaluation Due _____	Phone _____
Grade _____	School _____

Review of Existing Evaluation Data	Date Given mm/dd/yy	Description of Current Status	Evaluate/ Reevaluate Y or N
Academic Information <input type="checkbox"/> Achievement <input type="checkbox"/> Classroom Performance <input type="checkbox"/> Teacher Report			
Adaptive Skills			
Assistive Technology			
Behavioral Performance <input type="checkbox"/> Functional Behavioral Assessment			
Communication			
Developmental Skills			
Health			
Hearing			
Information from the Parents			
Intellectual Ability			

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Student's Full Name _____ Date _____

Review of Existing Evaluation Data	Date Given mm/dd/yy	Description of Current Status	Evaluate/ Reevaluate Y or N
Motor Skills			
Observation(s)			
Perceptual-Motor			
Social Skills			
Transition Assessments <input type="checkbox"/> Functional Vocational Evaluation <input type="checkbox"/> Vocational Aptitudes <input type="checkbox"/> Interests/Preferences			
Vision <input type="checkbox"/> Orientation and Mobility			
Other (specify)			

Note: If no additional data is needed as indicated in the current status column, the parent has the right to request an assessment to determine whether the student continues to be a student with a disability.

IEP Team Members

SIGNATURE

POSITION

- Administrator
- Evaluator/Specialist
- General Educator
- Special Educator
- Parent
- Student
- Other _____